

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20575

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. 2017 Linwood Boulevard)File No. 20575Registered No. 20575St. Ward

2. FULL NAME

Wm. H. Otto(a) Residence, No. 2017 Linwood Boulevard

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMrs. Kittie Otto6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10, 1863

7. AGE

YEARS

70

MONTHS

9

DAYS

9If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc.

Elevator Company

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Harmony Pennsylvania

FATHER

13. NAME

Peter Otto

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

No Information

15. MAIDEN NAME

Moyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

No information

17. INFORMANT (ADDRESS)

Mrs. Wm. H. Otto
2017 Linwood Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Washington DATE June 22, 1934

19. UNDERTAKER (ADDRESS)

Stiney & McChesney
3235 William Plaza

20. FILED

21, 1934 m. m. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 193422. I HEREBY CERTIFY, That I attended deceased from June 17, 1934 to June 19, 1934I last saw him alive on June 18, 1934 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Cardio-vascular
and age

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

B. P. Pommery M. D.(Address) 653 Board Trade

